

**Eastern Los Angeles Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

**Department of Developmental Services
and
Department of Health Care Services**

February 22–March 5, 2021

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW	page 17
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 20
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 21
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 22
B. CLINICAL SERVICES INTERVIEW	page 24
C. QUALITY ASSURANCE INTERVIEW	page 26
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 27
B. DIRECT SERVICE STAFF INTERVIEWS	page 28
SECTION VIII VENDOR STANDARDS REVIEW	page 29
SECTION IX SPECIAL INCIDENT REPORTING	page 30
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 32

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from February 22–March 5, 2021, at Eastern Los Angeles Regional Center (ELARC). The monitoring team members were Natasha Clay (Team Leader), Kelly Sandoval, Nadia Flores, Fam Chao and Bonnie Simmons from DDS, and JoAnn Wright from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 27 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) Five consumers whose HCBS Waiver eligibility had been previously terminated, 2) Two consumers who moved from a developmental center, 3) Ten consumers who had special incidents reported to DDS during the review period of November 1, 2019 through October 31, 2020, and 4) Two consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to seven community care facilities (CCF). The team reviewed 7 CCF consumer records and interviewed and/or observed 23 selected sample consumers.

Overall Conclusion

ELARC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by ELARC are included in the report findings. DDS is requesting documentation of follow-up actions taken by ELARC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Self-Assessment

The self-assessment responses indicated that ELARC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Consumer Record Review

Twenty-seven sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.13.a was 80 percent in compliance because 3 of the 15 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 80 percent in compliance because 3 of the 15 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 99 percent in overall compliance for this review.

ELARC's records were 99 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

New Enrollees: Two sample consumers were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. ELARC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Seven consumer records were reviewed at seven CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 19 criteria on this review.

ELARC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017.

Section IV – Day Program Consumer Record Review

The closure of day programs due to the COVID-19 pandemic prevented document review and site visits.

ELARC's records were 98 and 100 percent in overall compliance for the collaborative reviews conducted in 2019 and 2017, respectively.

Section V – Consumer Observations and Interviews

Twenty-two sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Five service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

A nurse coordinator was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role in the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A commercial services specialist was interviewed using a standard interview instrument. She responded to questions regarding how ELARC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Four service providers at four CCFs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Four CCF direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed 4 CCFs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 27 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. ELARC reported 26 of 27 special incidents for the sample selected for the HCBS Waiver review.

For the supplemental sample, the service providers reported 9 of the 10 applicable incidents to ELARC within the required timeframes, and ELARC subsequently transmitted 9 of the 10 special incidents to DDS within the required timeframes. ELARC's follow-up activities for the 10 consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about ELARC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

ELARC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

III. Results of Assessment

The self-assessment responses indicate that ELARC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

✓ The full response to the self-assessment is available upon request.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level-of-care need determinations consistent with the need for institutionalization.	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws and oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p> <p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p>

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services (cont.)	Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Twenty-seven HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	7
With Family	13
Independent or Supported Living Setting	7

2. The review period covered activity from November 1, 2019–October 31, 2020.

III. Results of Review

The 27 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Five supplemental records were reviewed solely for documentation that RCEB had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Two supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days for the first 90 days after moving from a developmental center. Five supplemental records were reviewed for documentation that ELARC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 99 percent in compliance for 28 criteria. There are recommendations for three criteria. Three criteria were rated as not applicable for this review.

- ✓ Findings for three criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). *[SMM 4442.7; 42 CFR 441.302(d)]*

Finding

Twenty-six of the twenty-seven (97 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #11 was not signed by the consumer.

2.2 Recommendation	Regional Center Plan/Response
ELARC should ensure that a completed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200) for consumer #11 is signed by the consumer.	ELARC is in agreement, consumer #11 has signed the DS 2200.

- 2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*

Findings

Twelve of the fifteen (80 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirement as indicated below:

1. The records for consumers #4 and #26 contained documentation of only three of the required meetings.
2. The record for consumer #27 contained documentation of only two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
ELARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #4, #26 and #27.	ELARC will continue Supervisory use of SANDIS Tickler System to ensure SC completion and the SC will document their efforts to complete.
In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.	ELARC will continue Supervisory use of SANDIS Tickler System to ensure SC completion and the SC will document their efforts to complete.

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Twelve of the fifteen (80 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for three consumers did not meet the requirement as indicated below:

1. The records for consumers #4 and #26 contained documentation of only three of the required quarterly reports of progress.
2. The record for consumer #27 contained documentation of only two of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
ELARC should ensure that future quarterly reports of progress are completed for consumers #4, #26 and #27.	ELARC will continue Supervisory use of SANDIS Tickler System to ensure SC completion and the SC will document their efforts to complete.
In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	ELARC will continue Supervisory use of SANDIS Tickler System to ensure SC completion and the SC will document their effort to complete.

Regional Center Consumer Record Review Summary Sample Size = 27 + 7 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	27			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	27			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level-of-care requirements.	27			100	None
2.1.c	The DS 3770 form documents annual recertifications.	27			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			27	NA	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]	26	1		97	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]	6		26	100	None

Regional Center Consumer Record Review Summary Sample Size = 27 + 7 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	27			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]</i>	27			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	27			100	None
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	27			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>			27	NA	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	27			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6		21	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	27			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	27			100	None

Regional Center Consumer Record Review Summary Sample Size = 27 + 7 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	27			100	None
2.9.b	The IPP addresses special health care requirements.	1		26	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	7		20	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	14		13	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	8		19	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	27			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	6		21	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	27			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]	27			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	6		21	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [W&I Code §4646.5(a)(4)]	26		1	100	None

Regional Center Consumer Record Review Summary Sample Size = 27 + 7 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(8)]</i>	27			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	12	3	12	80	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	12	3	12	80	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i>	2		27	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Seven consumer records were reviewed at seven CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for 19 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

Community Care Facility Record Review Summary Sample Size: Consumers = 7; CCFs = 7						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. [Title 17, CCR, §56017(b); Title 17, CCR, §56059(b); Title 22, CCR, §80069]	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	7			100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	7			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. [Title 17, CCR, §56019(c)(1)]	7			100	None
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	7			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 7; CCFs = 7						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	2		5	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		5	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	5		2	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		2	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	5		2	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	7			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	6		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	5		2	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	5		2	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	5		2	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records and remote site visits for the 2021 review.

III. Results of Review

NA

IV. Findings and Recommendations

NA

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program, work activities, health, choices, and regional center services.

II. Scope of Observations and Interviews

Twenty-two of the twenty-seven consumers, or in the case of minors, their parents, were interviewed and/or observed at their community care facilities, or in independent living settings.

- ✓ Ten consumers agreed to be interviewed by the monitoring teams.
- ✓ Seven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Five consumers were unavailable for, or declined, interviews.

III. Results of Observations and Interviews

All consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The appearance for all of the consumers who were interviewed and observed reflected personal choice and individual style.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the individual program plan (IPP)/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed five ELARC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize ELARC's medical director and online resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

II. Scope of Interview

1. The interview questions cover the following topics: routine monitoring of consumers with medical issues, medications, and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in the Risk Management Committee and special incident reports (SIR).
2. The monitoring team interviewed a nurse coordinator at ELARC via Zoom.

III. Results of Interview

1. The ELARC clinical team includes two physicians, one psychologist, one psychiatrist, one behaviorist, three registered nurses, an assessment and special services manager, one pharmacist, one oral health specialist, and a speech and occupational therapist.
2. The clinical team functions as a resource for the service coordinators and is available to assess consumers with medical or medication concerns as needed. Service coordinators utilize a checklist during their annual review of consumers to identify potential issues that might benefit from a clinical team referral, such as multiple hospitalizations, polypharmacy, abnormal lab results, or significant weight loss or gain. When requested, the clinical team is available to assist with hospital discharge planning and make recommendations as needed. A nurse is available to evaluate consumers in CCFs for the appropriate level of care due to a change of medical condition.
3. The team participates in monitoring consumers' medications. The clinical team developed an informational tool to assist service coordinators in identifying possible polypharmacy concerns that may benefit from a referral from the clinical team pharmacist. The regional center also utilizes the

Mission Analytics polypharmacy report in identifying potential medication concerns, which may require further evaluation by the clinical team.

4. The behaviorist is available to review consumers' behavior management plans upon referral by service coordinators. The psychiatrist and pharmacist provide psychotropic medication training annually for regional center staff and vendors. The psychologist and behaviorist also conduct behavior-training classes for providers and families.
5. The physician, registered nurses, and pharmacist provide ongoing training to service coordinators, providers, consumers, and families on various health subjects. Recent topics have included autism, preventative health, intellectual disability, seizures, diabetes, medications, and vaccinations. Team members also participate in new employee orientation.
6. ELARC has improved access to health care resources through the following programs and services:
 - ✓ Diabetic management training;
 - ✓ Oral Health Specialist training;
 - ✓ Maintain a list of local dental providers/resources;
 - ✓ Online events and training calendar;
 - ✓ Online list of community resources;
 - ✓ Online training classes;
 - ✓ Community Health Fairs;
 - ✓ Placement Planning training;
 - ✓ Polypharmacy training; and,
 - ✓ COVID-19 Protocol Training based on County Health Department regulations for each facility.

The Assessment and Special Services Manager attends liaison meetings with local Medi-Cal and insurance providers, resulting in increased access to healthcare for consumers.

7. The Assessment and Special Services Manager participates in the Risk Management, Assessment, and Planning Committee. The clinical team reviews all death-related special incident reports. Also, medical-related special incidents are reviewed upon request. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCF), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

II. Scope of Interview

The monitoring team interviewed a commercial services specialist who is part of the team responsible for conducting ELARC's QA activities.

III. Results of Interview

QA specialists are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database and monitored. There are two unannounced CCF visits and one announced visit annually.

When substantial inadequacies are identified, corrective action plans (CAP) are developed by the QA specialist. There are internal meetings to discuss any CAPs for inadequacies with vendors. QA will meet to discuss the plan and make determinations, and the vendor is notified. A meeting is scheduled to review documentation of the written CAP, date of correction; technical assistance is provided as needed; program design outlined with a copy to the vendor and Community Care Licensing. The QA specialist takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons as needed.

ELARC's Risk Management Committee collaborates with the Quality Assurance Department, as well as discusses issues with service coordinators. The committee meets quarterly to discuss any trends related to special incident reports (SIR). The SIRs are tracked on a monthly basis, flagged for abuse/neglect, discussed at resource meetings, investigated for fact finding, and reported to additional agencies including law enforcement as needed. Vendor-specific training is provided in person or virtually in response to findings from annual monitoring or incidents to ensure the vendors are in compliance. The QA team has provided training based on the analysis of SIR trends.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers; the extent of their assessment process for the individual program plan (IPP) development and/or review; the extent of their plan participation; how the plan was developed; how service providers ensure accurate documentation, communicate, address and monitor health issues; their preparedness for emergencies; and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed seven service providers at seven community care facilities where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their consumer.
2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service providers monitored the consumer's health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumer's life and monitored progress.
5. The service providers were prepared for emergencies, monitored the safety of the consumer, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff know the consumers and their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed seven direct service staff at seven community care facilities where services are provided to the consumer who was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
4. The direct service staff were prepared to address safety issues and emergencies and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed seven CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct staff and consumer interviews, as well as site inspections.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs were found to be in good condition with no immediate health and safety concerns.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by ELARC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 27 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. ELARC reported all deaths during the review period to DDS.
2. ELARC reported 26 of the special incidents in the sample of 27 records selected for the HCBS Waiver review to DDS.
3. ELARC's vendors reported 9 of the 10 (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. ELARC reported 9 of the 10 (90 percent) incidents to DDS within the required timeframes.
5. ELARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

#SIR 4: The incident occurred on November 9, 2019. However, the vendor did not submit a written report to ELARC until November 14, 2019.

#SIR 6: The incident occurred on November 5, 2019. However, ELARC did not report to DDS until November 18, 2019.

Consumer #27: SIR incident dated August 31, 2020, was not reported to DDS.

Recommendation	Regional Center Plan/Response
ELARC should ensure that the vendor reports special incidents within the required timeframes.	ELARC will ensure that vendor reports are submitted within the required timeframes. ELARC provides SIR Vendor Training twice per year
ELARC should ensure that all incidents are reported to DDS within the required timeframes.	ELARC will ensure that all incidents are reported to DDS within the required timeframes. ELARC will increase the SIR Coordinator's oversight on timely SIR approval.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	XXXXXX	1	
2	XXXXXX	2	
3	XXXXXX	3	
4	XXXXXX	4	
5	XXXXXX	5	
6	XXXXXX	6	
7	XXXXXX	7	
8	XXXXXX		
9	XXXXXX		
10	XXXXXX		
11	XXXXXX		
12	XXXXXX		
13	XXXXXX		
14	XXXXXX		
15	XXXXXX		
16	XXXXXX		
17	XXXXXX		
18	XXXXXX		
19	XXXXXX		
20	XXXXXX		
21	XXXXXX		
22	XXXXXX		
23	XXXXXX		
24	XXXXXX		
25	XXXXXX		
26	XXXXXX		
27	XXXXXX		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	XXXXXX
T-2	XXXXXX
T-3	XXXXXX
T-4	XXXXXX
T-5	XXXXXX

Supplemental Sample Developmental Center Consumers

#	UCI
DC-1	XXXXXX
DC-2	XXXXXX

Supplemental Sample New Enrollment Consumers

#	UCI
NE-1	XXXXXX
NE-2	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX

SIR Review Consumers

#	UCI	Vendor
SIR 1	XXXXXX	XXXXXX
SIR 2	XXXXXX	XXXXXX
SIR 3	XXXXXX	XXXXXX
SIR 4	XXXXXX	XXXXXX
SIR 5	XXXXXX	XXXXXX
SIR 6	XXXXXX	XXXXXX
SIR 7	XXXXXX	XXXXXX
SIR 8	XXXXXX	XXXXXX
SIR 9	XXXXXX	XXXXXX
SIR 10	XXXXXX	XXXXXX